

MID-CERTIFICATION REVIEW

Complete and return this form with proof of income and proof of the changes you report.

To keep getting benefits, you must complete your mid-certification review by mail, drop-off, or phone.

To complete by mail or drop-off at local office:

- Answer every question;
- Provide proof of income;
- Provide proof of all changes; and
- Sign and return this review form.

To complete by phone:

- Contact your local office to complete your review;
- Provide proof of income; and
- Provide proof of all changes.

1. NAME, CURRENT ADDRESS, AND CONTACT INFORMATION				
FIRST NAME		LAST NAME		CLIENT IDENTIFICATION (ID) NUMBER
STREET ADDRESS WHERE YOU LIVE		CITY	STATE	ZIP CODE
MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP CODE
		PHONE NUMBER		
		WORK/OTHER CONTACT PHONE NUMBER		
2. PEOPLE MOVING IN OR OUT OF YOUR HOME				
Did anyone move into or out of your home? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 3)				
NAME	RELATIONSHIP TO YOU	DATE MOVED IN	DO YOU WANT BENEFITS FOR THIS PERSON?	DATE MOVED OUT
3. PREGNANCY				
Did anyone have a change of pregnancy in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 4)				
NAME	EXPECTED DUE DATE	PREGNANCY END DATE		
4. INDIVIDUAL WITH DISABILITIES				
Did anyone in your household have a disability or has anyone had a change in disability in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 5)				
NAME	DISABILITY TYPE	START DATE	END DATE	
5. PRIVATE OR JOB-RELATED HEALTH				
Does anyone have private or job-related health insurance? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 6)				
Please check any boxes that apply and complete information for any insurance.				
<input type="checkbox"/> I have private health insurance or health insurance through my employer.				
<input type="checkbox"/> My private health insurance or employer provided health insurance includes coverage for doctors, hospital, x-ray, and lab services.				
<input type="checkbox"/> I had job related health insurance in the last four months but am no longer covered.				
INSURANCE COMPANY/EMPLOYER	POLICY NUMBER	POLICY HOLDER'S NAME	POLICY HOLDER'S SSN	NAME OF COVERED PERSON(S)



6. CASH RESOURCES						
Do the people in your household have cash resources? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 7)						
CHECKING \$	SAVINGS \$	STOCKS \$	BONDS \$			
Person who owns the cash resources listed above:						
7. VEHICLES						
Did someone get a vehicle in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 8)						
OWNER	MAKE (FORD, CHEVY, DODGE)	MODEL (FOCUS, BLAZER, NEON)	MODEL YEAR (1998, 2004)	CURRENT VALUE	AMOUNT OWED	IS THIS A LEASED VEHICLE?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
8. NEW INCOME/INCOME THAT HAS STOPPED						
Did someone start or stop getting income in the last six months?						
<input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 9)						
(NEW JOB/UNEMPLOYMENT COMPENSATION/SOCIAL SECURITY/L&I BENEFITS/CHILD SUPPORT)						
NAME OF PERSON	EMPLOYER OR OTHER SOURCE OF INCOME	DID INCOME START OR STOP?	DATE INCOME STARTED	DATE INCOME STOPPED		
		<input type="checkbox"/> Start <input type="checkbox"/> Stop				
		<input type="checkbox"/> Start <input type="checkbox"/> Stop				
		<input type="checkbox"/> Start <input type="checkbox"/> Stop				
		<input type="checkbox"/> Start <input type="checkbox"/> Stop				
9. EARNINGS/SELF-EMPLOYMENT INCOME						
NAME OF PERSON WITH INCOME	EMPLOYER AND CONTACT PERSON WHO CAN VERIFY YOUR INCOME	EMPLOYER PHONE NUMBER	PAY RATE (\$8 PER HOUR/ \$1,200 PER MONTH/ \$2 PER BUSHEL)	WEEKLY HOURS WORKED	DAYS PAID (10 TH AND 25 TH /EVERY OTHER FRIDAY, EVERY TUESDAY/DAILY)	
			\$ per			
			\$ per			
			\$ per			
			\$ per			
10. CHILD SUPPORT YOU ARE LEGALLY REQUIRED TO PAY						
Did someone have a change in their child support order <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 11)						
PERSON WHO IS LEGALLY OBLIGATED TO PAY CHILD SUPPORT	NAME OF CHILD COVERED IN SUPPORT ORDER	AMOUNT OF MONTH CHILD SUPPORT ORDER	AMOUNT OF SUPPORT THEY PAY PER MONTH			
		\$	\$			
		\$	\$			



11. INCOME FROM OTHER SOURCES			
NAME OF PERSON WITH INCOME	SOURCE OF INCOME (SOCIAL SECURITY/ CHILD SUPPORT/ L&I BENEFITS/ UNEMPLOYMENT COMPENSATION)	HOW OFTEN RECEIVED (WEEKLY/MONTHLY)	AMOUNT RECEIVED EACH MONTH
			\$
			\$
			\$
			\$

12. RENT/MORTGAGE/TAXES AND MANDATORY FEES	
LIST MONTHLY AMOUNTS OF THE FOLLOWING EXPENSES	LIST YEARLY AMOUNTS OF THE FOLLOWING EXPENSES IF NOT INCLUDED IN YOUR MORTGAGE OR LEASE
Mortgage/rent: \$ _____	Property taxes: \$ _____
Space rent: \$ _____	Homeowner's insurance: \$ _____
Required rental fees: \$ _____	Association/condo fee: \$ _____

Landlord name: _____ Landlord number: _____

13. UTILITY COSTS
<p>Do you pay for any utilities? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (go to section 14)</p> <p>Do you pay for heating or cooling costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your main source of heat? _____</p> <p>Do you pay for any of the following utility costs? Check all that you pay.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Electricity</div> <div style="width: 33%;"><input type="checkbox"/> Gas</div> <div style="width: 33%;"><input type="checkbox"/> Water/sewer</div> <div style="width: 33%;"><input type="checkbox"/> Well or septic maintenance</div> <div style="width: 33%;"><input type="checkbox"/> Garbage collection</div> <div style="width: 33%;"><input type="checkbox"/> Telephone service</div> </div>

14. SIGNATURE AND DATE	
<p>By signing this form I state that the information I gave in this document is true, correct, and complete to the best of my knowledge. I know that it is a crime to incorrectly get cash, food, or medical benefits by making a false statement on purpose or failing to report something I know I should report. I understand that if I do not provide proof of an increase in rent, mortgage, utility, or child support costs, the increased expense will not be used to determine what benefits I may get.</p>	
SIGNATURE OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE	DATE

